

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 19

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Preventive Medicine</u>		
<u>ESTABLISHED PATIENT</u>		
99391 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99392 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99393 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99394 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99395 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28

STATE <u>Arkansas</u>	A
DATE <u>5-6-97</u>	
DATE <u>7-30-97</u>	
DATE <u>7-1-97</u>	
HCFA 179 <u>97-02</u>	

SUPERSEDES:

96-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 20

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Maternity Care and Delivery</u>		
<u>INCISION</u>		
59020	Fetal oxytocin stress test	\$ 89.00
59025	Fetal non-stress test	\$ 60.16
<u>Office or Other Outpatient Services</u>		
<u>NEW PATIENT</u>		
99201	CPT-4 1997 Code	\$ 22.00
99202	CPT-4 1997 Code	\$ 33.00
99203	CPT-4 1997 Code	\$ 47.00
99204	CPT-4 1997 Code	\$ 64.00
99205	CPT-4 1997 Code	\$100.00
<u>ESTABLISHED PATIENT</u>		
99211	CPT-4 1997 Code	\$ 11.00
99212	CPT-4 1997 Code	\$ 20.00
99213	CPT-4 1997 Code	\$ 26.00
99214	CPT-4 1997 Code	\$ 51.00
99215	CPT-4 1997 Code	\$ 85.00

STATE <u>Arkansas</u>	A
DATE REC'D <u>5-6-97</u>	
DATE APP'D <u>7-30-97</u>	
DATE EFF <u>7-1-97</u>	
HCFA 179 <u>97-02</u>	

SUPERSEDES: TN - 96-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 21

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
---------------------------	------------------------------	----------------------------

Home Medical Services

NEW PATIENT

99341	CPT-4 1997 Code	\$34.00
99342	CPT-4 1997 Code	\$42.00
99343	CPT-4 1997 Code	\$54.00

ESTABLISHED PATIENT

99351	CPT-4 1997 Code	\$26.00
• 99352	CPT-4 1997 Code	\$34.00
99353	CPT-4 1997 Code	\$43.00

Hospital Inpatient Medical Services

INITIAL HOSPITAL CARE  
NEW OR ESTABLISHED PATIENT

99221	CPT-4 1997 Code	\$38.00
99222	CPT-4 1997 Code	\$54.00
99223	CPT-4 1997 Code	\$82.00

SUBSEQUENT HOSPITAL CARE

99231	CPT-4 1997 Code	\$21.00
99232	CPT-4 1997 Code	\$30.00
99233	CPT-4 1997 Code	\$40.00

STATE <u>Arkansas</u>	A
DATE REC'D <u>5-6-97</u>	
DATE ADJ <u>7-30-97</u>	
DATE EFF <u>7-1-97</u>	
HCFA 179 <u>97-02</u>	

SUPERSEDES

96-10